

# **Quality Control for Deployed UPLs**

## **Enabling Learning Objectives**

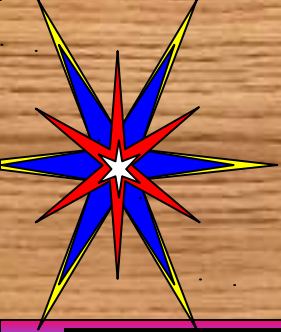
- 1. Select from a list the items to quality control after performing a urinalysis.**
- 2. Given a specimen, specimen label, DD form 2642 or Unit Ledger, identify and correct errors.**

◀ ◁ ▢ ▣ ▤ ▥ ▦ ▧ ▨ ▩ ◊ ◌ ◍ ◎ ● ◐ ◑ ◒ ◓ ◔ ◕ ◖ ◗ ◘ ◙ ◚ ◛ ◜ ◝ ◞ ◟ ◠ ◡ ◢ ◣ ◤ ◥ ◦ ◧ ◨ ◩ ◪ ◫ ◬ ◭ ◮ ◯ ◰ ◱ ◲ ◳ ◴ ◵ ◶ ◷ ◸ ◹ ◺ ◻ ◼ ◽ ◾ ◿ ◰ ◱ ◲ ◳ ◴ ◵ ◶ ◷ ◸ ◹ ◺ ◻ ◼ ◽ ◾ ◿



# Why you need to QC?

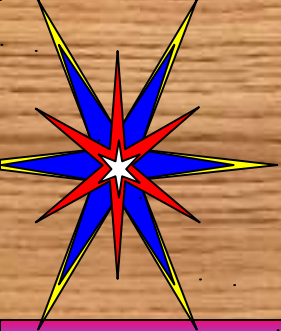
- ▮ **About 12% of all specimens received at Tripler laboratory are not tested due to fatal discrepancies.**
- ▮ **You, your commander and your fellow Soldiers are wasting time and money if the specimens cannot be tested. In the near future DA is going to require all specimens not tested to be recollected.**
- ▮ **By performing a good Quality Control, you can reduce your discrepancy rate to well below 2 or 3%.**



# COMMON MISTAKES BEING RECEIVED AT TRIPLER

The first two letters indicate the Lab Discrepancy code that is reported with your unit's results when a test is conducted. The " \* " indicates a sample that was NOT TESTED due to a "Fatal Discrepancy"

<b>FATAL</b>	
<b>*FN</b>	<b>DD FORM 2624 DOES NOT HAVE CHAIN OF CUSTODY ENTRIES, NOT TESTED</b>
<b>*GG</b>	<b>DD FORM 2624 LISTED SPECIMEN, NO BOTTLE RECEIVED</b>
<b>*BC</b>	<b>SPECIMEN LEAKED IN SHIPMENT, QUANTITY NOT SUFFICIENT TO TEST</b>
<b>*MB</b>	<b>SSN ON LABEL IS MISSING/ILLEGIBLE/INCOMPLETE, NOT TESTED</b>
<b>*GQ</b>	<b>SERVICE MEMBER'S NAME RECEIVED ON FORM, NOT TESTED</b>
<b>NON-FATAL</b>	
<b>GF</b>	<b>DD FORM 2624 ON TWO PIECES OF PAPER, W/O IDENTIFIER-TESTED</b>
<b>PD</b>	<b>NO SIGNATURE ON PACKAGE, TESTED</b>
<b>FC</b>	<b>BASE/AREA CODE IS NOT CORRECT</b>
<b>MC</b>	<b>BASE AREA CODE IS NOT CORRECT, TESTED</b>
<b>LE</b>	<b>BASE/AREA CODE IS MISSING</b>



# Verify Unit Information on DD Form 2624

## Deployed Unit in support of CWOT

### Unit Information

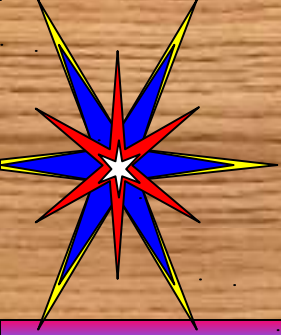
Commander's Info, telephone  
number and e-mail (can be  
handwritten)

SPECIMEN CUSTODY DOCUMENT				LOG TESTING	
1. SUBMITTING UNIT HHC 2/16th INF APO AE 09121		2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) POC: CPT James Snuffy DSN: 555-555-5555 james.Snuffy@us.army.mil			
3. BASE/AREA CODE CT09	4. UNIT IDENTIFICATION CODE W 2LAAA	5. DOCUMENT/BATCH NUMBER 0001	6. DATE SPECIMEN COLLECTED YYYY MM DD 20080220		
Version 532L					
7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE

Deployed Base  
Area  
Code must begin  
with CT

Unit Identification Code  
(UIC)






# Verify Unit Information on DD Form 2624

## Non-Deployed Unit

### Local ASAP Information

### Unit Name, address and UPL telephone number

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING			
1. SUBMITTING UNIT Fort Swampy ASAP 2221 Ford Ave FT. Swamp, FL 55555		IZ	2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) 2/16th INF 444 Infantry Drive, Fort Swampy FL 55555 DSN:111-1111
3. BASE/AREA CODE FC04	4. UNIT IDENTIFICATION CODE W 2LAAA	5. DOCUMENT/BATCH NUMBER 0001	6. DATE SPECIMEN COLLECTED YYYY MM DD 20080220
			Version 532L

Installation Base  
Area Code

Unit Identification Code  
(UIC)






# Verify SSNs Match



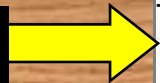
**Verify that the SSN on each bottle matches the SSN on the DD Form 2624**



# Verify that Specimen Labels are Complete

Tape Here

IR 0001 003

000-11-4007

20070613
BAC: CT05      UIC: BGHTY
UPL <u>DAN</u>
SM <u>KN</u>
Tape Here

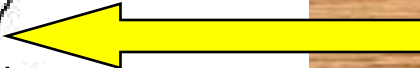
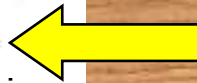
**Correct  
BAC**



**Donor's  
Initials**



**This is a Correct  
UIC (Note: the first  
character "W" does  
not print on the  
label)  
Your initials**

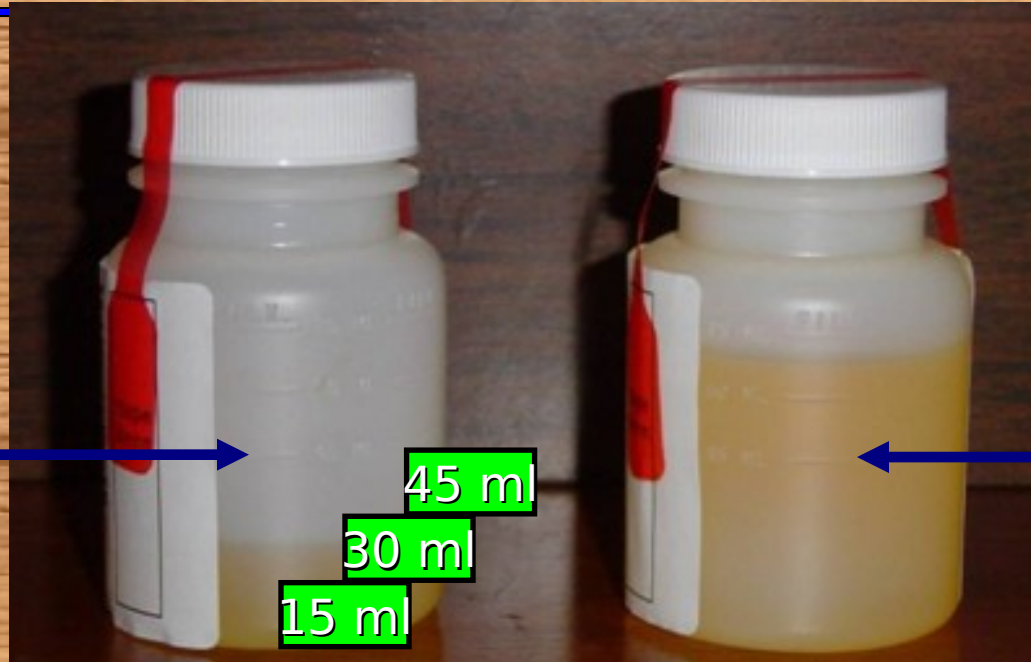






# Verify Specimen Quantity

45 ml  
line



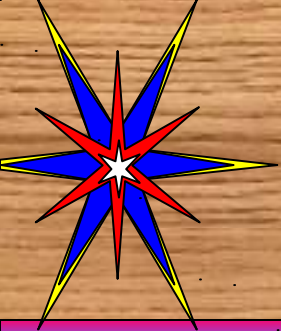
Short Sample -  
Destroy  
specimen

Specimen  
Quantity is  
sufficient

45 ml  
line

A specimen must be at least 30 ml to be tested. You must estimate that the specimen is filled to at least two thirds of the way to the 45 ml line to have a sufficient volume. Based on the estimated levels shown above the short sample is about 5ml





# Verify Specimen Seal

**Correctly  
Sealed**



**Specimen will  
be tested**

**Broken Seal**



**Specimen will  
not be tested**

**Proper  
placement of  
second seal**

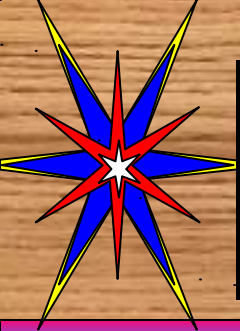


**Specimen will  
be tested if  
Certificate of  
correction  
attached to  
DD Form 2624**

**Incorrect  
placement of  
second seal**



**Specimen will  
not be tested,  
improper  
placement of  
second tamper  
evident tape**



# Ensure Specimen not collected are marked as "Not Tested" on DD Form 2624

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING						A. LABORATORY CONDUCTING DRUG TESTING			
1. YOUR UNIT INFO		2. COMMANDER'S NAME, EMAIL, PHONE #							
3. BASE/AREA		5. DOCUMENT/BATCH NUMBER		6. DATE SPECIMEN COLLECTED		B. BATCH NUMBER		C. REPORT OF RESULT (DTG/Serial No.)	
CODE		CODE		(YYYY) (MM) (DD)					
CT11		W 2 L A A A		0 0 0 1		2007 0 7 26			
FC12W0LAAA000119980202						D. DRUGS TESTED			
7. SPECIMEN NUMBER		8. COMPLETE SSN		9. TEST BASIS	10. TEST INFO	11. PRESCREENING			
1		123-45-6789		IR	B				
2		234-56-7890		IR	B				
3		345-67-8910		IR	A				
4		456-78-9012		IR	B				
5		567-89-0123		IR	A				
6		668-90-1234		IR	B	Not tested BH 7/26/07			
7		789-01-2345		IR	A				
H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are						(3) CERTIFYING OFFICIAL (Printed Name and Title)			
(1) SIGNATURE				(2) DATE SIGNED					

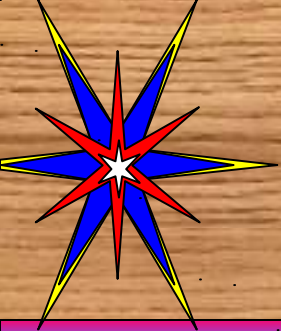
Correcting the DD 2624 when a Soldier is not present for duty or away on mission when the test was conducted:

- 1) Blackened barcode with marker
- 2) Line through, initial and date initial entry (Ball point pen)
- 3) Manually enter NOT TESTED



**Replaces** OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1890 (APR 86), which are obsolete.





**Explain errors such as a broken red seal (Tamper Evident Tape) or when the correction will not fit in the block of the DD 2624 using a Certificate of Correction.**

# CERTIFICATE OF CORRECTION

Date correction made

Base Area  
Code

Check appropriate block

Start with specimen, form  
or box identification then  
state what you wrote or  
did that was incorrect or  
wrong.

What you wrote or did to  
correct the the error - at  
times this will be the  
actual correction.

Who made the correction

Who witnessed or  
verified the correction

## CERTIFICATE OF CORRECTION

UIC: W8B201

DATE: 26 Jul 07

Base Area Code: CT 10

MEMORANDUM FOR TRIPLER ARMY MEDICAL CENTER

SUBJECT: Certificate of Correction

1. This letter is to certify the following corrections were made as indicated below  
for urine specimen enclosed with this shipment for testing.

2. Reference: (X) Bottle Label ( ) DD Form 2624 ( ) Other

Batch #/Specimen # 01/01 Date Specimen Collected 20070726

As Reads: Tamper Evident Tape Broke During Application

Corrected to Read: Tamper Evident Tape Reapplied

SIGNATURE:

John H.

TITLE:

SFC Smith

DATE:

26 Jul 07

VERIFIED BY:

Harry

TITLE:

SSG - Donor

DATE:

28 Jul 07



# **Completing the Chain of Custody (DD Form 2624)**

- ▮ **The DD 2624 is on one piece of paper, front and back**
- ▮ **Complete each DD 2624, signing Block 12b, annotate “Release to Shipper” in Blocks 12 c and d**
- ▮ **Prepare the specimen boxes as required for shipment**
- ▮ **The next few slides give examples of**

**A complete, intact Chain of Custody is imperative for the Commander to take action as required.**



12. CHAIN OF CUSTODY		IAN	THRU	INSTRUCTIONS				
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF	
a.	b.	c.	d.	1	SUBMITTING UNIT			
(1) <b>0701 15</b>	SIGNATURE <b>Michael C. Biggerstaff</b>	SIGNATURE <b>Building 2241</b>	<b>Placed into Temporary Storage</b>	2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC.
	NAME <b>Michael C. Biggerstaff</b>	NAME <b>Room 6</b>		3	BASE/ AREA CODE	Service Code Area	Leave Blank. For future use.	Four character Base identification code (Ex, F123). Comprises the first four characters of the full 10-character Base Identification Number.
(2)	SIGNATURE	SIGNATURE		4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
	NAME	NAME		5	DOCUMENT/ BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex, 501). Comprises the middle part of the full 10 character BIDN assigned to each specimen
(3)	SIGNATURE	SIGNATURE		6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
	NAME	NAME		7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
(4)	SIGNATURE	SIGNATURE		8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
	NAME	NAME		9	TEST BASIS	Indicate the testing premise to conduct the collection.		
(6)	<b>Temporary Storage Entries on the DD 2624 At The Unit Prior To Shipment</b>							
(7)	SIGNATURE	SIGNATURE		11	PRESCREEN	Screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used
	NAME	NAME		12. CHAIN OF CUSTODY (LINE (1)). a. DATE - Date of collection/shipment. b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples. c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank. d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab. NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).				
(8)	SIGNATURE	SIGNATURE		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES				
	NAME	NAME						
(9)	SIGNATURE	SIGNATURE						
	NAME	NAME						
(10)	SIGNATURE	SIGNATURE						
	NAME	NAME						

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF	
a.	b.	c.	d.	1	SUBMITTING UNIT Message address of unit submitting urine samples			
(1)  0701 15	SIGNATURE  Michael C. Biggerstaff	SIGNATURE  Building 2241	Placed into Temporary Storage	2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC.
	NAME  Room 6	NAME  Michael C. Biggerstaff		3	BASE/ AREA CODE	Service Code Area	Leave Blank. For future use.	Four character Base identification code (Ex, F123). Comprise the first four characters of the full 10-character Base Identification Number.
(2)  0701 16	SIGNATURE  Michael C. Biggerstaff	SIGNATURE  Building 2241	Removed from Temporary Storage	4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
	NAME  Room 6	NAME  Michael C. Biggerstaff		5	DOCUMENT/ BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex, 501). Comprises the middle part of the full 10 character BIDN assigned to each specimen
(3)	SIGNATURE	SIGNATURE		6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
	NAME	NAME		7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).	
(4)	SIGNATURE	SIGNATURE		8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
	NAME	NAME		9	TEST BASIS	Indicate the testing premise to conduct the collection.		
(5)	SIGNATURE	SIGNATURE						
	NAME	NAME						
(6)	SIGNATURE	SIGNATURE						
	NAME	NAME						
(7)	SIGNATURE	SIGNATURE						
	NAME	NAME						
(8)	SIGNATURE	SIGNATURE						
	NAME	NAME						
(9)	SIGNATURE	SIGNATURE						
	NAME	NAME						
(10)	SIGNATURE	SIGNATURE						
	NAME	NAME						
DD Form 2624, FEB 93 (Back)								

## Temporary Storage Entries Removing The Specimens From Temp Storage on the DD 2624 At The Unit Prior To Shipment

**12. CHAIN OF CUSTODY (LINE (1)).**

a. DATE - Date of collection/shipment.

b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.

c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.

d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

**13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES**

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF	
a.	b.	c.	d.	1	SUBMITTING UNIT Message address of unit submitting urine samples			
(1)  0701 15	SIGNATURE  Michael C. Biggerstaff	SIGNATURE  Building 2241	Placed into Temporary Storage	2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC.
	NAME  Michael C. Biggerstaff	NAME  Room 6						
(2)  0701 16	SIGNATURE  Michael C. Biggerstaff	SIGNATURE  Building 2241	Removed from Temporary Storage	3	BASE/ AREA CODE	Service Code Area	Leave Blank. For future use.	Four character Base identification code (Ex: F123). Comprise the first four characters of the full 10-character Base Identification Number
	NAME  Michael C. Biggerstaff	NAME  Room 6						
(3)  0701 16	SIGNATURE  Michael C. Biggerstaff	SIGNATURE  Official mail	Shipped to Tripler By official mail	4	UNIT IDENTIFICATION	Unit Identification Code (UIC or RUC) of unit		Do not use
	NAME  Michael C. Biggerstaff	NAME  Michael C. Biggerstaff						
(4)	SIGNATURE  Michael C. Biggerstaff	SIGNATURE  Michael C. Biggerstaff		5	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
	NAME  Michael C. Biggerstaff	NAME  Michael C. Biggerstaff						
(5)	SIGNATURE  Michael C. Biggerstaff	SIGNATURE  Michael C. Biggerstaff		6	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
	NAME  Michael C. Biggerstaff	NAME  Michael C. Biggerstaff						
(6)	SIGNATURE  Michael C. Biggerstaff	SIGNATURE  Michael C. Biggerstaff		7	COMPLETE SSN	Full SSN of person from whom sample obtained.		
	NAME  Michael C. Biggerstaff	NAME  Michael C. Biggerstaff						
(7)	SIGNATURE  Michael C. Biggerstaff	SIGNATURE  Michael C. Biggerstaff		8	TEST BASIS	Indicate the testing premise to conduct the collection.		
	NAME  Michael C. Biggerstaff	NAME  Michael C. Biggerstaff						
(8)	SIGNATURE  Michael C. Biggerstaff	SIGNATURE  Michael C. Biggerstaff		9	SCREENING	Indicate if specimen was screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		
	NAME  Michael C. Biggerstaff	NAME  Michael C. Biggerstaff						
(9)	SIGNATURE  Michael C. Biggerstaff	SIGNATURE  Michael C. Biggerstaff		10	SCREENING	Indicate if specimen was screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		
	NAME  Michael C. Biggerstaff	NAME  Michael C. Biggerstaff						
(10)	SIGNATURE  Michael C. Biggerstaff	SIGNATURE  Michael C. Biggerstaff		11	SCREENING	Indicate if specimen was screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		
	NAME  Michael C. Biggerstaff	NAME  Michael C. Biggerstaff						
DD Form 2624, FEB 93 (Back)				13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES				



12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF	
a.	b.	c.	d.	1	Message address of unit submitting urine samples			
(1) <b>0701 15</b>	SIGNATURE <b>Michael C. Biggerstaff</b>	SIGNATURE <b>Official mail</b>	<b>Shipped to Tripler By official mail</b>	2	Message address of unit submitting urine samples			
	NAME <b>Michael C. Biggerstaff</b>	NAME		3	For future use. Four characters of the full 10-character Bare Identification Number			
(2)	SIGNATURE <b>Biggerstaff</b>	SIGNATURE		4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
	NAME	NAME		5	DOCUMENT/ BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex, 501). Comprises the middle part of the full 10 character BIDN assigned to each specimen
(3)	SIGNATURE	SIGNATURE		6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
	NAME	NAME	7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).	
(4)	SIGNATURE	SIGNATURE	8	COMPLETE SSN	Full SSN of person from whom sample obtained.			
	NAME	NAME	9	TEST BASIS	Indicate the testing premise to conduct the collection.			
(5)	SIGNATURE	SIGNATURE	<div> <b>Entries On The DD 2624 For Shipping With No Temporary Storage At The Unit</b> </div>					
	NAME	NAME						
(6)	SIGNATURE	SIGNATURE	<div> <b>Leave Blank.</b> </div>					
	NAME	NAME	<div> <b>Leave Blank.</b> </div>					
(7)	SIGNATURE	SIGNATURE	11	PRESCREEN	<div> <b>Leave Blank.</b> </div>		Entry required only if additional testing is requested: F=Full Panel; S=Stemaid; O=Other drugs; Provide clarification in attached message.	
	NAME	NAME	<div> <b>Leave Blank.</b> </div>					
(8)	SIGNATURE	SIGNATURE	<div> <b>Leave Blank.</b> </div>					
	NAME	NAME	<div> <b>Leave Blank.</b> </div>					
(9)	SIGNATURE	SIGNATURE	<div> <b>Leave Blank.</b> </div>					
	NAME	NAME	<div> <b>Leave Blank.</b> </div>					
(10)	SIGNATURE	SIGNATURE	<div> <b>Leave Blank.</b> </div>					
	NAME	NAME	<div> <b>Leave Blank.</b> </div>					

Example, properly annotate the mail/courier used.

Entries On The DD 2624 For Shipping With No Temporary Storage At The Unit

11. (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.

12. CHAIN OF CUSTODY (LINE (1)).  
 a. DATE - Date of collection/shipment.  
 b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.  
 c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.  
 d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.  
 NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

DD Form 2624, FEB 93 (Back)

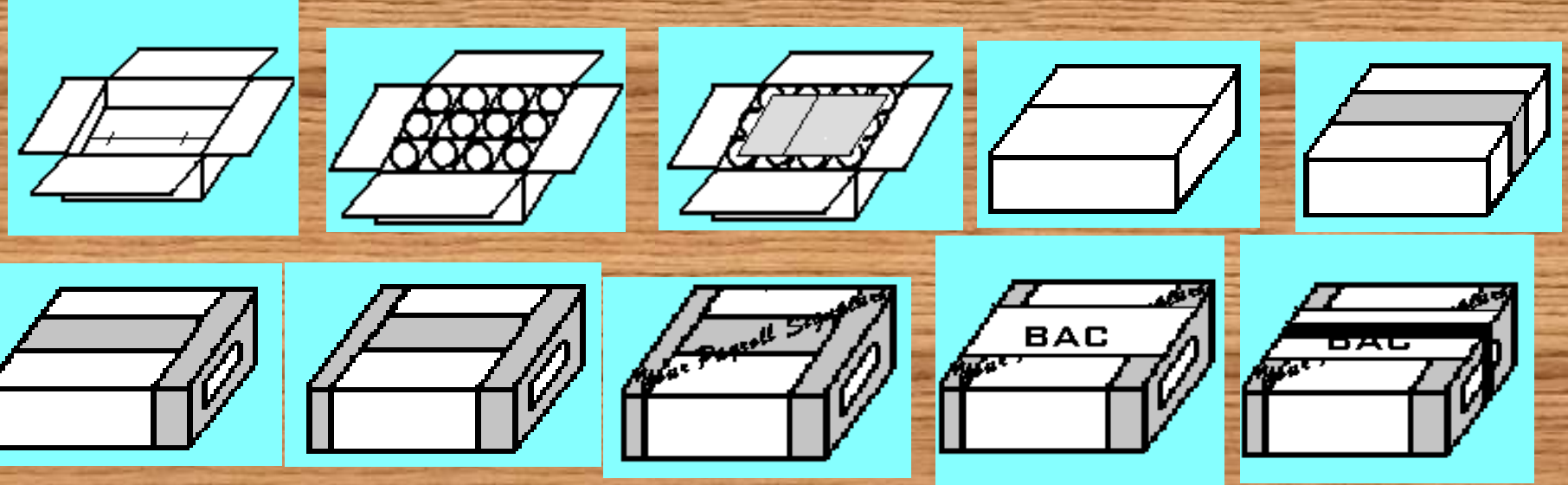


# **Prepare for Shipment to FTDTL**

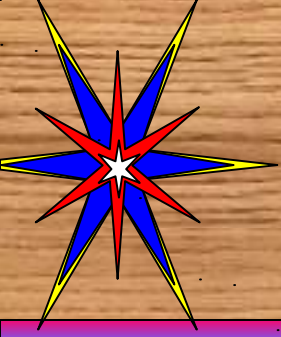
- ▮ Make suspense copies of DD Forms 2624 and Certificates of Corrections for your files**
- ▮ The UPL encloses the original DD Form 2624 & copies of any Certificates of Correction in a plain, white, unsealed business envelope. Your base area code (BAC) will be written in large letters on the outside of the envelope.**
- ▮ Affix the envelope to the outside of the specimen container.**
- ▮ DO NOT include the Unit Ledger**



# Packaging



- Do not use 100 mile an hour tape (Duct Tape)
- Do not combine more than 10 collection boxes into a larger box



# Packaging

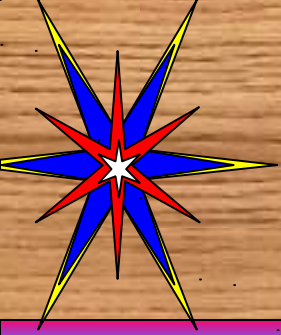
- ▮ **Multiple specimen boxes may be combined into larger boxes for shipment, but each specimen box must be wrapped as stated on the previous slide to include a leak proof bag. There are no specific taping instructions for the larger box.**
- ▮ **The next eight slides demonstrate the packaging process.**





# Specimen Box Ready for Packaging





# Add Absorbent Pad





# Tape Box Cover Closed in the Center







# Tape Box Both Ends Covering All Edges







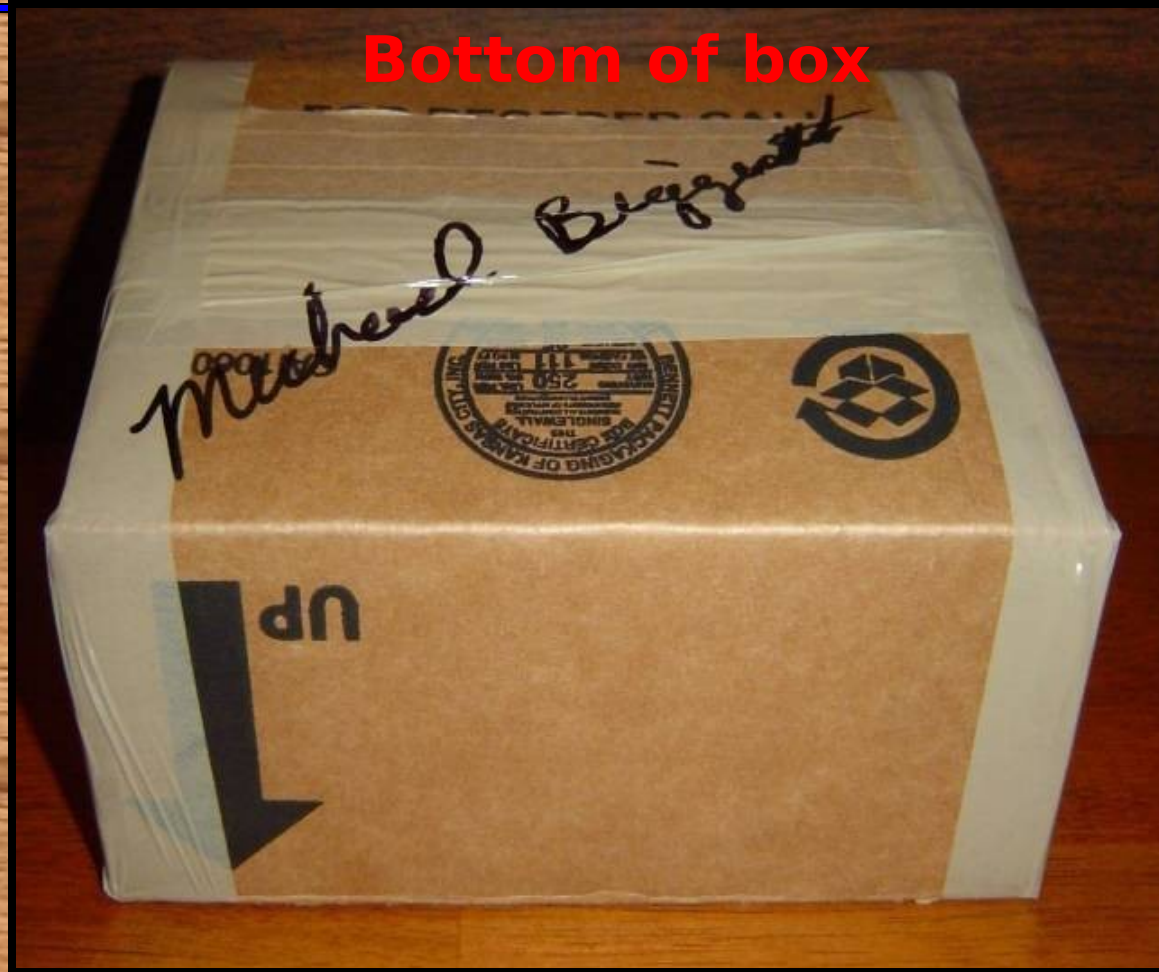
# Sign Across Top of Box From Corner to Corner





# Sign Across Bottom of Box From Corner to Corner

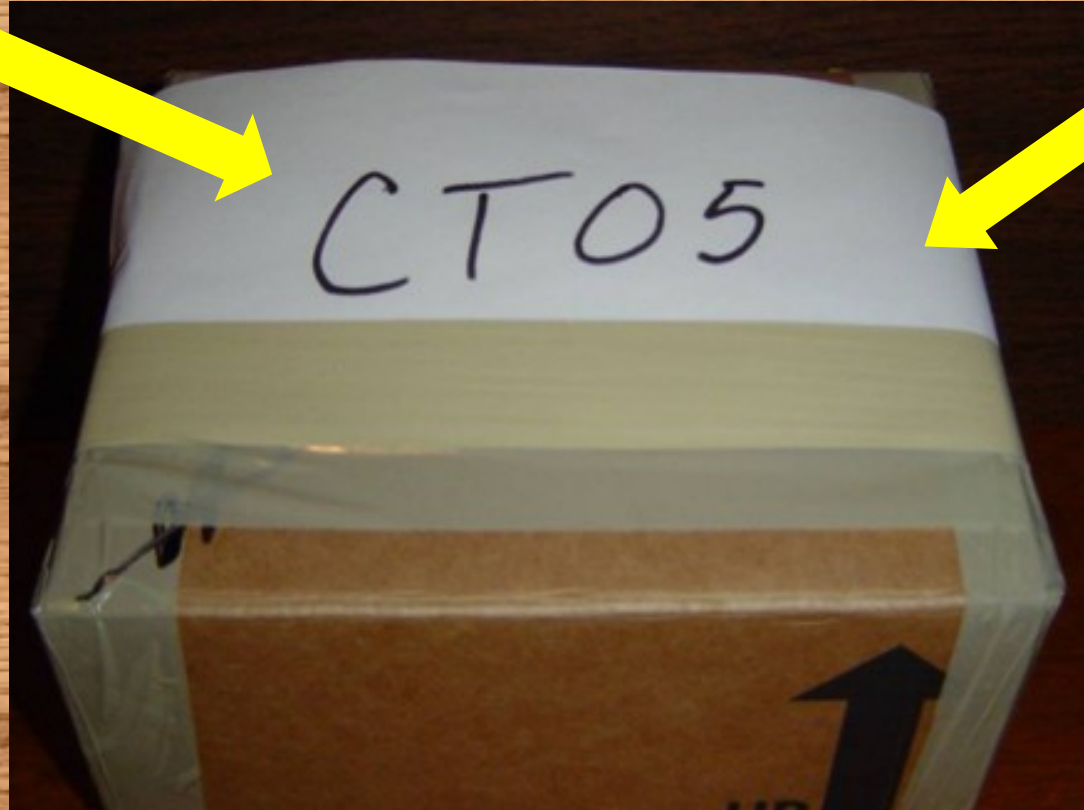
**Bottom of box**





# **Tape DD Form 2624 Envelope on Top of Box With Base Area Code**

**Base  
Area Code  
must be  
written on  
Box**



**DD Form  
2624 is  
inside  
unsealed  
envelope**





# Place Box inside Leak Proof Bag

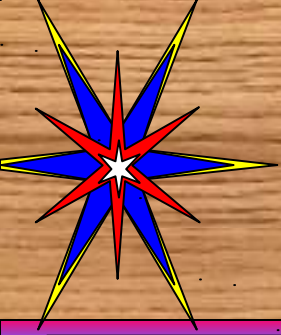






# **Additional Information**

- ▣ The next few slides will provide you a few tips**
- ▣ Use the QC Checklist**
- ▣ Review the examples coming throughout this presentation for the exam and to get ready to QC your specimens**



# SHIPPING

## **DO's**

- Ship all UA samples to Tripler Army Medical Center
- Use CENTCOM BAC Codes (CT##)
- Use the DOD Drug Testing Program software

## **DON'Ts**

- Do not ship UA samples back to home station
- Do not use home station BAC code
- Do not forget to clearly indicate UIC

**Ship all specimens to:**

**TRIPLER ARMY MEDICAL  
CENTER**

**FORENSIC TOXICOLOGY DRUG  
LAB**

**1 JARRETT WHITE ROAD BLDG**



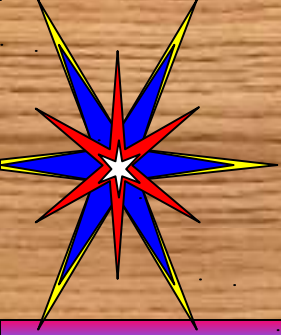
# **Important Questions for the UPL to Answer Prior to Shipment of Samples**

**All collection steps must be performed correctly and in sequence to ensure forensic quality of the specimens. There is a high discrepancy rate from units in the deployed areas due to procedural errors during the collection, packaging and shipment of samples to Tripler. Ensure the UPL completes the following before shipping samples to Tripler:**

- 1. Is there a Base Area Code (BAC) in block 3 of the DD 2624 per the attached ALARACT? DO NOT USE YOUR HOMESTATION BAC.**
- 2. Is the Commander's name, email, and phone number in block 2 of the DD 2624?**
- 3. Is the DD 2624 on one piece of paper, front and back?**
- 4. Does info on the bottles and DD 2624 match?**
- 5. If a Soldier is not available for testing, that line on the DD 2624 must be lined out, dated and initialed with the comment "NOT TESTED".**
- 6. Did the UPL sign the backside of the DD 2624 to keep the chain of custody intact?**
- 7. Did the UPL sign their payroll signature on the top and bottom of each box after it was sealed?**
- 8. Did the UPL put the DD Form 2624 in an envelope and tape it to the box?**

**Please feel free to contact us if you have questions about your drug-testing program. Your ACSAP POC for all deployment drug testing issues is [upl.acsap@acsap.army.mil](mailto:upl.acsap@acsap.army.mil) . Any questions please let us know.**





# Summary

- ▮ **As a UPL it is one of your responsibilities to ensure that the specimens you send to the drug testing laboratory are forensically correct.**
- ▮ **Perform a quality control review of the:**
  - ▮ **Specimen**
  - ▮ **Specimen label**
  - ▮ **DD form 2642**
- ▮ **The QC process reduces wasted time and money and increases the viability and effectiveness of the drug testing program.**



# Deployed Base Area Codes

- ▮ **CT01:** AFGHANISTAN (ALL AREAS OUTSIDE KABUL)
- ▮ **CT02:** AFGHANISTATION (KABUL AREA)
- ▮ **CT03:** KUWAIT (EXCLUDING UNITS SUBORDINATE TO MNC-I)
- ▮ **CT04:** MULTINATIONAL FORCE IRAQ (AND ALL SUBORDINATE UNITS EXCEPT MNC-I)
- ▮ **CT05:** MULTINATIONAL CORPS IRAQ (AND ALL SUBORDINATE UNITS EXCEPT AS LISTED IN THIS PARAGRAPH)
- ▮ **CT06:** MULTINATIONAL DIVISION BAGHDAD (IRAQ)
- ▮ **CT07:** MULTINATIONAL FORCE WEST (IRAQ)(FOR ARMY UNITS ONLY)
- ▮ **CT08:** MULTINATIONAL DIVISION NORTH (IRAQ)
- ▮ **CT09:** CORPS SUPPORT COMMAND (IRAQ) (ALL UNITS REPORTING TO THE CORPS SUPPORT COMMAND)
- ▮ **CT10:** Qatar
- ▮ **CT11:** MNC-C